

Ruth Adewuya, MD (host):

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I am your host, Dr. Ruth Adewuya. This episode is part of our Women in Medicine miniseries, and today I'm chatting with Dr. Iris Gibbs. Dr. Iris Gibbs is a radiation neuro-oncologist and professor of radiation oncology at Stanford Medicine. She completed a bachelor's in chemistry at the University of Delaware and a medical degree and residency at Stanford. As a board-certified radiation oncologist, Dr. Gibbs' clinical practice and research are on the radiation management of adult and pediatric brain and spinal tumors. She is the founding co-director of the Stanford Radio Surgery Program, pioneering robotic radio surgery for clinical utilization. Dr. Gibbs served as the associate dean of MD Admissions for nearly 10 years, where she employed mission-driven strategic leadership and innovative approaches such as holistic admissions to improve diversity and enhance the learning environment. Dr. Gibbs was the 2022 Rise Award recipient, an award dedicated to those who represent Stanford's values and have demonstrated exceptional dedication to nurturing Stanford medicine and the alumni community through acts of leadership, volunteerism, mentoring, or teaching. Dr. Gibbs, thank you so much for chatting with me today.

Speaker 2:

Thank you for having me. I'm really honored to be here.

Ruth Adewuya, MD (host):

I'm excited to talk to you today and to hear your story. Can you start by taking us back to the beginning of your medical journey? Could you share a pivotal moment or some experiences that really ignited your passion for pursuing a career in medicine?

Speaker 2:

That one's a very interesting question. I don't know that there was a specific moment, but as I think back, I really have come to learn that my path has been greatly informed by this increasing understanding that I was forging new frontiers. I'm going to say that's only a retrospective kind of awareness, but now as I look back, in most instances, I didn't really know that I was first-generation college student or what it meant to be first, but I now do know that my approach as a first-generation college student that really shaped how I approach things. Over time, I began sometimes even to anticipate that someone like me had not been in that space, and so that certainly it reinforced that sense that I needed to really be a voice for those that are not represented.

But I would say that in terms of my journey to medicine, it was really forged by curiosity, the idea that there's new knowledge and new things to consider, and that I would voraciously just engage myself in that knowledge. And that pursuit ended up leading me to conduct research. That opened up doors to me as well. Yeah, I think my journey to medicine is fueled by this passion for learning and curiosity. There's a little known fact that I was not pre-med, and I think that also reinforces what I've just said, which was I was just putting one foot in front of the other, and so wherever things led, wherever the opportunities were, I took advantage of them and I really did not, and I think this is a story for my entire medical life and journey, I did not ever want to confine myself to something that was too narrowly tailored.

While the idea of becoming a future doctor might've been somewhere way in the recesses of my brain, because I was traversing the university experience for the first time, and no one else that I had known of really had done this, I needed to keep things as wide as possible. What I realized over time, and it becomes important for me when I think about my role as dean of Admissions, is that what I was

cultivating, I wasn't purposely doing this, but it was just a sense of intellectual curiosity, I didn't confine myself to becoming a pre-med just because somewhere in the recesses of my brain that one might've been a potential pathway. I made sure that I immersed myself as much in the arts as humanities as well as science, though I was a chemistry major, but I was definitely not a pre-med during that portion of my journey. It was basically this bug of scientific inquiry touched me pretty early on in high school.

Another thing I'll emphasize in this interview is about opportunity. I actually had the opportunity through summer programs, through some of these enrichment programs, and I can't emphasize enough the importance of many of these kinds of programs in creating opportunity. And I think that's what's so lacking in the world right now is the opportunity to be able to pursue higher education, the opportunity to pursue scientific inquiry act sometimes like the playing field is pretty level, but it really isn't, not with respect to opportunity. So I think we need to make opportunity abound so that we can see the fruits of the labor on the other side. Okay, that's just a little segue.

Ruth Adewuya, MD (host):

No, that's great.

Speaker 2:

But for me, that one was the pivotal part that actually eventually allowed me to join this journey. I say very frequently that I had never ever seen what I had somehow expected that I could become, and that was an African-American woman physician. I'd never seen that before getting on this path. And so I think it's so important that we allow for opportunity to abound so that people can see themselves in some of these various career paths.

Ruth Adewuya, MD (host):

I think that's really powerful because the sense of curiosity really opens up the world for all of us. It's interesting to hear you say that it was a retrospective awareness of the fact that you had all these firsts. And so when you were in it, how did you navigate that? Is that the reason why you decided to pursue medical education in California?

Speaker 2:

I'm originally from the East Coast. I'm from a small town in a small state in Delaware, and I had never really left the East Coast at all, had never traveled too much beyond there. When I finally decided to apply to medical school, I had just been completing a National Science Foundation fellowship in New York for the summer, and I had an amazing time. But at the end of that summer, I realized, "Wait a minute, I was supposed to have studied for the MCAT," that summer, but I was so immersed in the research. I went ahead and took the exam and made the plunge, decided to apply for medical school. When I applied, I actually didn't really know what my scores were just yet, and so I was talking to my advisor and looking at the list of schools, and I had realized, and he had realized, that I had confined all my choices all through that northeast area, and he was like, "This isn't good enough. I really want you to spread your wings wider." I think that encouragement was so amazing.

After about two tries of that and I wasn't really getting wide enough, I took out a map and I was like, "I'm going to show him." So I took out this map and I stick my finger and I go all the way just to the opposite side, and I land what was basically Stanford and he was like, "Yes, that one. Now we're going somewhere." Again, I come from a lower income background, so I knew I really couldn't travel that far, but thankfully Stanford at that time was doing regional interviews, and so when I was in the upper northeast, I ended up doing the Stanford interview. I'm one of those people who, throughout that experience, I didn't have anything else to rely on because I didn't have parents or other people who had done this journey before me, so I was relying on what resonated internally deeply with me each time I

went into a place. Is it real welcoming? Does it feel like it's connected to the things that I'm interested in? The passions for inquiry?

I was pretty set on research in my Stanford interview. It was fully embraced and it just felt right just even at that regional interview. And so when I got the acceptance, then I had the opportunity to come after I was accepted and just the feeling of, I don't know, this academic freedom, this sense that people were warm and engaging just set the tone for me and I decided that this is where I wanted to be. So that's how I ended up in California.

Ruth Adewuya, MD (host):

A couple of things that I heard is the power of mentorship or having advisors, someone who would challenge you. I heard that. And the second thing is it sounds like you had this sense of self of who you were, and so you were able to use that barometer going into the interviews to decide, "Which institution should I be a part of?" And I think that speaks to the need for us to have our values, what's important to us when we're making these decisions. What about radiation oncology captivated your interest enough to say, "You know what? This is my field and I will specialize in this field."

Speaker 2:

Radiation oncology is interesting. I don't know if I mentally block this portion out, but I did not come to radiation oncology just simply based on personal experiences. I now realize that my dad just a couple of years prior, had undergone radiation treatments for larynx cancer and I saw him get better. But that experience in and of itself was not the linchpin that said, "Hey, you have to go into radiation oncology." In fact, it was one that showed me the wonderful power of medicine. Again, it's not going to be surprising that my introduction, truly the radiation oncology was through research.

Once I arrived here, the thing is that I had been doing research, it was theoretical, not as clinically immediate. And so when I came here, I said, "The next research project I want to work on, I want something to be a little bit more clinically immediate so that I can see the more tangible aspects on direct patients." I didn't realize that one was more translational. That's the terminology I think we use about that now. But I was so fortunate to meet Dr. Susan Knox, who was beginning her faculty appointment as a physician scientist, and she was just starting out in her lab. She had she and a lab tech, and I was recruited as the first student in her lab. She didn't even have graduate students at that time. It was just us three, and it was the most exciting time.

I was recruited to do research assays for this clinical trial that she had going on for this chimeric antibody. Until then I'd been doing all of these other kinds of studies looking at conformational changes and sites of enzymes and things like that, which was great, but I wanted something more clinically relevant. To have tube of blood of a patient who I was going to be able to extract their plasma and understand a little bit about whether or not they were responding well to the therapies was really cool.

But soon I had grown in the lab and I was beginning to suggest new projects and areas of study myself. The one time when I borrowed cells from another lab that had this trans [inaudible 00:12:06] mutation to test whether or not this radiation-induced programmed cell death was actually seen based on radiation, we had proven this with other kinds of situations, and whether or not this one could confer this delay in programmed cell death. Eventually, long story short, our whole lab shifted directions into really trying to explore the scientific underpinnings of how that happened. So I thought that having the freedom, having this nurturing environment that Dr. Knox provided for me was just amazing for me.

So that one was my introduction, but then the clinical aspects really were seeing through the chair of the Department of Radiation Oncology who might go into the department every now and then, but one day it was just like, "Hey, why don't you join us?" It's that kind of spirit that I felt like for Stanford, for me, I never felt as a student that sense that somehow there was no place where I didn't belong here. It has been a really incredibly welcoming place of inquiry, and so I immersed myself in this.

Eventually I did end up evaluating the clinical aspects, but the final decisions of radiation oncology, I approached it the same way I did for undergrad, which is, "This is in the back of my mind. That one's there. I've experienced it from the lab I've shadowed in clinic," but I fully immersed myself in the whole rotations of medical school. So every month I was really essentially that specialist. So I saw myself as a dermatologist one month, a urologist another, general surgeon, and I fully gave myself away to that. So that in the end, yeah, it was a tough decision, but it really came down to, what are you comfortable with the day-to-day as much as some of the interesting intrigues? For example, in dermatology, there was this sense of, "Oh wow, these are the smartest people I know who can diagnose things just by looking at people's skin." They have this unique clinic, like this whole epidermolysis bullosa clinic, which really very few people in the world even get.

So what I realized in the end is if my intrigue was simply about the esoteric but not the day-to-day, then maybe that specialty wasn't necessarily for me. Radiation oncology, I enjoyed both. The day-to-day, as well as those interesting zebra kind of cases. So I realized that in this specialty, patients' lives are transformed and we are there seeing that happen in real time, seeing that whether it's by relief of their pain by what we apply or seeing them live longer, that is what has kept me engaged in this specialty and I love it every day.

Ruth Adewuya, MD (host):

There is a theme here that I'm hearing in your story, and you said it at the beginning, the sense of curiosity that has really been your North Star in making all of these decisions. Where you are now, there's this combination of research and teaching and patient care. How do you navigate this intersection between these three areas?

Speaker 2:

Wow, keeping all the balls in the air is somewhat tough, but I think I do that because I love what I do, and when you are intrinsically engaged in the questions, when you're intrinsically connected to that sense of, "I will term this lift as you climb," and the idea of mentorship and teaching and really wanting for others to be the best that they can, just as you're trying to be the best that you can.

But I think there is a notion, especially as an African-American physician, that there are other things that are always on the table as well. So you're never just balancing the same thing that everybody else is balancing. There are always these other things. I'll say for me, some of that came with great opportunities to be asked. Because you are so few in this institution, I was oftentimes asked, even as a fairly junior person, to serve on some key roles, and in the end, I think those ended up being beneficial, but I now really see how that could disrupt, occasionally, the balance. And I was always very clear that the reason why I was here was to be an academically productive person, so I tried to make sure that those commitments never caused my academics to suffer. I wanted to make sure each year I was publishing five to 10 papers and engaged in leadership of innovative projects. So yeah, that meant extra hours on the end of the days.

Ruth Adewuya, MD (host):

You mentioned how as an African-American woman, you were asked to step into certain leadership initiatives because of the nature of who you were. Did you feel that was a good thing or a bad thing where the burden of being the representation for a community was always on you?

Speaker 2:

In the end, I'm going to say I feel like it was a good thing, but I recognize that we need more representation so that others can contribute. I often say, "If not me, then who?" There were colleagues of mine and mentors of mine who was saying in the beginning, "You need to say no so that you can get

yourself established." I appreciate my chair at the time, Dr. Richard Hoppe, my other mentor, Dr. Sarah Donaldson, who are trying to teach me that part. Dr. Hoppe also made sure that I wasn't necessarily put too much on my plate. I think that kind of mentorship was always good, but I did choose to be able to do some of the things I knew were going to be very pivotal because we didn't have that voice. We didn't have a voice on some of the various committees that I was asked to do, and I knew that there was nobody else. So I welcomed it at those times, but after a certain point, I had to say no.

Ruth Adewuya, MD (host):

Yeah, I think it's just that balance of being part of "being the voice", but also protecting who you are. You served as the associate dean of Admissions at Stanford for 10 years. What motivated you to take on this responsibility and what goals were you trying to achieve?

Speaker 2:

This is a very wonderful question because at the time, I'll say I was actually asked to do this role a couple of years before I took it. I actually said no. I used my no. The first time I was so immersed in making so much wonderful progress in my clinical field, served on the Admissions Committee. I enjoyed that, but at that time, I still was pretty well involved in that, and I felt like the mission of the schools, as good as it is, was still not broad enough.

Around that time, we began actually embracing aspects around diversity, and we had embedded it in our mission. At that particular point, and then a few years later, as I mentioned, I was asked to do this role. I now recognize that I was uniquely placed in a situation where I could, and had already, through some of my other roles, could show definitively, and I knew it, that we can show that excellence and diversity and inclusion are not mutually exclusive.

I think until then there was lots of talk. I'd hear it around the tables that you find yourself at through these sometimes subtle, sometimes pretty open statements that would say, "We have to dig to the bottom of the well if you really wanted to achieve." And I'm thinking, "No, we don't, actually. Talent is everywhere. The onus is on us to be able to try to identify that. And when we reframe the way that we approach things to not just think about where people are today, but the context in which they actually have traversed to arrive there, something called distance traveled, and begin to frame the context, then we understand how opportunities are then forged and being able to get a sense of where promise is."

So that was my goal, and I feel like we've shown that candidly through the students, the amazing students that we have recruited here, the most diverse and connected, integrated classes of students that I've ever seen. So that, to me, has been amazing, that I've been able to prove that and to show that we can broaden the sense of what inclusivity means. For me, it has never been about just opening the doors for a few, but for all. One of the measures I think that we find that our student, the different, not only identities, but affiliations and interests have just exploded under this time period. When you have what is a critical mass of folks to be able to say, "I want to influence this space of medicine," and to inform you of the kinds of challenges or issues that are relevant for us to look at and think about, it is really through our students that has been shaped. We've had now so many new student-led organizations, and that, to me, is one of the examples of how the work that we've done in the admissions space has been very fruitful.

Yes, I think in recent years, weeks, months, some of these efforts have been potentially threatened because I think people are short-sighted about the way they think about these. I think the idea that admissions officers just simply look at a particular identity characteristic and say, "Oh, then you're in, just because," it's just so short-sighted. It really short-changes the deep work that our group, certainly here at Stanford, has done, that I've had the honor and privilege of being able to help shape for nearly a decade.

Ruth Adewuya, MD (host):

Thank you for sharing that. One of the things that I've heard as you've shared your story is that the idea of mentorship and lifting others and providing opportunities has been central to your journey and has led you to this place of being the associate dean for Admissions. I'm curious, what are some effective strategies for promoting diversity and inclusion within the medical field?

Speaker 2:

It is sad that the terminology even of diversity, equity, and inclusion somehow has been sort of commentator to become something of a negative in our current world. The idea that there's a space where everyone can contribute or should be able to contribute, that we create environments where folks can become their and be their authentic selves, and the understanding that folks may have started in different places and therefore the idea of equity in the dispensation of resources might be actually needed. That somehow doesn't have some universal appeal, is interesting.

However, as it may, that those who are engaged in the work should not be discouraged because I do think that by focusing on the true value and the principles of equal opportunities, understanding that until opportunity is fully equal, that access to education, which education now has become the commodity of the privileged, that somehow those two concepts folks don't understand are interrelated. So I think institutions should focus on that other opportunity part. "What can we do to ensure that those upstream factors are influenced by whatever we can do in terms of resources?" That means investing in those pathway programs, K-12 education. Because the more you have more robust individuals who can reach their full potential, then you benefit. We benefit ultimately. So I think don't be discouraged, continue to reinforce your commitment and investment at those stages. So that's why I'm really excited about the work that our reach initiatives here at the School of Medicine are doing.

Ruth Adewuya, MD (host):

You were in this role for a long time. I don't know if you can choose one, but if you reflect on some of the initiatives that you spearheaded to support diversity, inclusion, can you talk about any of them specifically?

Speaker 2:

I would say some of them are, for me, fairly basic, but were important. The first of which was to make sure that we understood the space that we're in. I spent a great amount of time making sure that our foundational education around bias, around, what does diversity mean, what is our mission? Everything here was mission-driven, and so that's why it was really important to me that I oftentimes push, "Hey, there are other things that we need to get into our mission, like health equity needs to be more solidly actually included in that." I think I'm very happy that at the medical center we're beginning some efforts.

I think spending a lot of time in educating staff. I think that was interesting, because in some level, when people really minimize the work of admissions, it looks like, "Wait a minute, we have a whole pool of 50,000 people who apply to medical schools each year, and about 20,000 of them will get in, and we are privileged to get 7,000 to 10,000 applications each year." So on some level, people would say, "You don't really have a job. All you have to do is just randomly pick in that 90 people," because they're all going to be promising young physicians. The question is, how do they forward this mission? How are they connected even with their own passion? Is this a place that we can actually be a fertile ground for being able to do that? And that takes work and it takes effort.

I was fortunate to help build and nurture and just have this wonderful Admissions Committee, which I'm going to give major shouts out to. They do the work not only of just reading and digesting and really having this wonderful safe space to be able to have wonderful conversations about this and make thoughtful decisions. So I've been honored to be able to shape that in this space. And no matter what anyone says, I'll just say this has been a wonderfully enriching experience. I have personally presided

over more than 100,000 decisions, and because this space of admissions has been fraught with things like the Varsity Blues scandal, other sort of influences, I knew that we needed to have someone with integrity at the helm, someone who is fair, and someone who is devoted to excellence. At the end of the day, that's who I am, that's what I promote, and that is what I have helped to nurture here.

Now, I will tell you that not everyone is used to being held to standards of excellence, and it can be rocky at times, but for me, it's about principle, and the principle is excellence. I've never had issues of making things personal, and it has to do with just the standard of excellence. The standard is the standard, and I think our outcomes are what actually has shown that we've done good work here.

Ruth Adewuya, MD (host):

What an extraordinary story of your tenure as associate dean of Admissions. As we wrap up our conversation and just reflecting on the triad that has been your story of research, administration, clinical work, what advice would you give to aspiring medical professionals or students that are interested in pursuing similar positions?

Speaker 2:

Wow, that one's a good question. Now that I've been through this journey and there've been ups and downs, but it's been a joyful one for me, the challenges have been fully worth it for me because I think widening the access for a broader number of individuals from different backgrounds, identities, and lifestyles has been what we aspire to. I say this definitely, like I said, be curious about yourself and others, to be humble, to be responsive, but also to adhere to that sense of principle that you have internally that drives you, and to really be steadfast on that journey towards excellence. Remember why you're here. Remember that original why, because it'll fade to some degree once you're in that clinical workspace. Say like, "Why did I start this journey?"

And then finally, something I said, I think, in the beginning, if you do recognize that you're one of those people who is relatively one of the first charting new frontiers, trust yourself. You're here for a reason. I'm going to steal some words from a colleague of mine who I was just recently served on a panel with a soon to be Dr. Anjali Boyd from Duke, who is a PhD scientist, that, "You lift as you climb." And so as much as you can keep opportunities open for others who will follow, because even though I have been first in so many things, I am absolutely happy to know that with this group of students who are following, that I will not be the last, that they will also continue to forge such interesting frontiers to make our world much better. We need to have an environment that is inclusive, and that's going to happen by diversifying the workforce and making sure that all of our voices can be heard. So lift as you climb.

Ruth Adewuya, MD (host):

Thank you so much for sharing your story with me today and with us.

Speaker 2:

Thank you so much.

Ruth Adewuya, MD (host):

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